

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>08/072 206</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing	#3	7-26-93	\$ 1080							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 1080							
		8 TO BE REFUNDED BY:									
10 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>1</td><td>8</td><td>--</td><td>0</td><td>9</td><td>8</td><td>8</td></tr> </table> </div>			1	8	--	0	9	8	8
1	8				--	0	9	8	8		
<input checked="" type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/> No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Anthony Lover</u>		TITLE: <u>Examiner</u>									
SIGNATURE: <u>Anthony Lover</u>		PHONE: <u>308-1202</u>									
OFFICE: <u>Applications Division</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Audrey Gumpman</u>		DATE: <u>9/7/93</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: